First Quarter 2012

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists
Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

DIABETES DAY AT THE CAPITOL 2012 EMPHASIZED KY FUNDING FOR DIABETES

Mechelle Coble, above left, KDN President, and Logan Gregory, right, American Diabetes Association National Youth Advocate 2012, presented at the 2012 Diabetes Day at the Capitol.

Bob Babbage, above left, with Representative Tom Burch, Louisville, on right, as they met to discuss diabetes needs in KY.

Kentucky Representative, Susan Westrom, left, from Lexington, met with diabetes advocates and discussed "tips for meeting with your legislator".

KY Diabetes Network Advocacy Committee member and Kentuckiana Juvenile Diabetes Research Foundation advocate, Leah Walker, right, shared her personal story with Diabetes Day at the Capitol attendees.

Diabetes Day Article and More Photos on p. 2-3

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

DIABETES DAY AT THE CAPITOL 2012 (CONTINUED)

Submitted by Nancy Walker, RD, LD, CDE, KY Diabetes Network, Advocacy Workgroup Chair

Diabetes Day at the Capitol 2012 has taken place once again and the movement to advocate for those in Kentucky with diabetes continues to grow! The Kentucky Diabetes Network (KDN) and the American Diabetes Association (ADA) partnered together to bring this advocacy day to reality.

Over 160 diabetes advocates attended a 1 ½ hour legislative training session. Participants were inspired by hearing "legislator talking points" presented by people who live with diabetes day in and day out. Representative Susan Westrom addressed the group as a member of the Health and Welfare legislative committee. (Representative Westrom also introduced House Bill 289 which related to prohibiting smoking in public places including places of employment).

While at the Capitol, diabetes advocates met with 57 different legislators, which represents approximately 42% of all KY legislators. We identified 23 legislators that have diabetes or who have a family member with diabetes.

Comments gathered from the legislators will help us to formulate our message for next year and reflected the difficult economic times our state is facing. Many legislators verbalized the stressful sessions and decisions they were having to make regarding cuts in the budget for many deserving causes; however, **ALL LEGISLATORS WHO WERE VISITED WERE SUPPORTIVE OF PRESERVING THE DIABETES STATE FUNDING!**

Many legislators were supportive of the Smoke Free law, but many were not. Most legislator comments related to funding, budget cuts, and the stressful times ahead related to decisions regarding health.

During the Senate and House sessions held on diabetes day, groups were recognized for being at the Capitol to be part of the system that helps make laws for the betterment of our state. Those in attendance included, the Madison County Diabetes Coalition, with approximately 30 members present, the Juvenile Diabetes Research Foundation, the Lexington Lions Club, Morehead State University, Eastern Kentucky University, Henderson Community College and many, many local diabetes coalition members.

The KDN Advocacy Workgroup would like to thank Roche and Eli Lilly and Company for their generous support of our advocacy diabetes day with contributions for our meal vouchers, printing costs, and travel expenses.

Mark Your Calendar NOW
KY Diabetes Day at the Capitol 2013
February 7, 2013
(alternate date February 14, 2013)

Hope to see you there!

Diabetes advocates, left, as they looked through materials to prepare for legislative visits at the Capitol.

April Enix, left, from Louisville, and Lisa Edwards, right, from Lexington, with the American Diabetes Association distributed diabetes advocate T- shirts to all attendees.

Lexington diabetes coalition members, left, stopped for a quick photo before meeting one-on-one with their legislators.

Henderson Community College nursing instructors and students attended Diabetes Day at the Capitol and represented the Henderson County Diabetes Coalition.

DIABETES DAY AT THE CAPITOL 2012 (CONTINUED)

Red diabetes advocacy shirts, photo on left, provided by the American Diabetes Association, were seen throughout the Capitol on February 9th, in recognition of Diabetes Day, 2012

Over 150 diabetes advocates, photo on right, attended the 2012 Diabetes Day at the Capitol including Larry Smith, KY Diabetes Educator Licensure Board member (in gold tie, front row).

Diabetes advocates from Owensboro and Bowling Green met with Representative Tommy Thompson, front row, far right. KDN Advocacy Workgroup Chair, Nancy Walker, shown front row, center in blue.

Madison County Diabetes Coalition members, right, were all smiles after their legislative visits.

The Kentucky Board of Licensed Diabetes Educators Wants to Hear From YOU!

The newly formed KY Board of Licensed Diabetes Educators, would like to get your feedback and input as they move forward with establishing the scope, standards, and regulations for licensing diabetes educators in KY.

The Board has committed to keep us informed of their progress through our professional newsletters as they move through this process.

Go to BDE.KY.GOV to complete a survey.

Dr. Pohl's Column
Chasing Your Tail

Stephen L. Pohl, MD
slpohl123@gmail.com

Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA and AACE member

This is the third and final article in my series on hypoglycemia. I want to focus on the patients who account for most episodes of hypoglycemia, persons with type 1 diabetes and unstable blood sugars. People with type 2 diabetes and even non-diabetics become hypoglycemic occasionally, but the problem is rare in these populations compared to people with type 1 diabetes. "Stable" in this context means resistant to change and is not synonymous with control. For example, many patients with poor control have very stable blood sugars. They just run high all the time, a common situation in type 2 diabetes. In contrast, patients with unstable blood sugars have large, unpredictable changes in blood glucose and frequent low blood sugars. I am also going to limit my discussion to patients who are using intensive insulin therapy.

Patients with frequent hypoglycemia are often caught in a frustrating cycle of taking extra insulin because of high blood sugar and then getting low. The low blood sugar requires treatment with sugar or extra food resulting in high blood sugar prompting more insulin followed by a low blood sugar and on and on and on. I used to call this phenomenon "bouncing blood sugars" but found that most patients identified with the metaphor "chasing your tail". They run around in circles and get nowhere with their diabetes management.

As a rule, unstable blood sugars result from a mismatch between insulin needs and insulin delivery.

The point of intensive therapy is to deliver insulin in a way that mimics normal physiology as closely as possible with hopes of stabilizing blood glucose at a normal or near normal level. Intensive insulin regimens involve use of an insulin pump or multiple daily insulin injections and consist of basal and premeal bolus doses. In addition, most intensive regimens include corrective bolusing, i.e. attempting to reduce high blood sugars by taking ad hoc doses of rapid acting insulin or increasing premeal boluses. Much of the rest of this article reflects my belief that corrective bolusing is not physiologic and is a major cause of unstable blood sugars.

Measuring blood sugars frequently and taking corrective action depending on the results is reactive as opposed to proactive. The extreme of the reactive approach is sliding scale insulin. With sliding scale, no insulin is given if the blood sugar is normal or modestly elevated. Insulin is given if the blood sugar is above some threshold level with doses directly related to the blood sugar. Sliding scale insulin used as sole therapy for type 1 diabetes produces notoriously unstable blood sugars. A proactive approach to insulin therapy emphasizes adjusting basal and premeal bolus insulin doses to try to keep blood sugar in the target range so that corrective doses are not required. The role of glucose monitoring in proactive treatment is to help adjust future treatment rather than to prompt "on the spot" corrective action.

Diabetes care practitioners as a rule assume that our patients are doing what we recommend or agree they will do.

This is an unwarranted assumption. Memory meters and pumps have taught us that some patients turn off or reduce the basal infusion because of fear of hypoglycemia. Patients also often omit premeal boluses because they forget or find it inconvenient or because of fear of hypoglycemia. The whole point of intensive therapy is to keep blood sugars in the target range. Omitted or reduced insulin doses result in high blood sugar, the first step in the vicious cycle of overreacting to both high and low blood sugars.

Counter regulatory failure and hypoglycemia unawareness contribute to blood sugar instability. If a person takes an excessive insulin dose, these mechanisms come into play and prevent blood glucose from falling to frighteningly low levels. As blood sugar drops, autonomic symptoms prompt eating and the counter regulatory hormones, glucagon and epinephrine, oppose the action of insulin. If these mechanisms are lost, blood sugar may drop precipitously to levels that produce neuroglycopenic signs such as coma. Insulin sensitivity, i.e. large changes in blood glucose levels following small doses of insulin, also contributes to blood sugar instability.

DR. POHL'S COLUMN (CONTINUED)

There are no clinical tests available for these three problems, but they are usually apparent in the patient's history. Patients with hypoglycemia unawareness, counter regulatory failure, or insulin sensitivity are obviously vulnerable to severe hypoglycemia. My approach to all three included a recommendation to stop corrective boluses, at least temporarily.

No discussion of unstable blood sugars would be complete without mention of the Somogyi phenomenon.

This exotic sounding effect is named for Michael Somogyi, a professor of biochemistry at Washington University, who in the 1930's proposed that the counter regulatory response to nocturnal hypoglycemia might be responsible for hyperglycemia upon rising. Attractive as this idea is, it was never proven to be of clinical importance and we no longer hear much about it. Morning hyperglycemia is now usually attributed to the dawn phenomenon, a normal tendency for blood sugars to be high around the dawn hours. Insulin pumps can be programmed to change the basal infusion rate during the night to reduce the risk of both nocturnal hypoglycemia and dawn phenomenon hyperglycemia. This is an excellent example of proactive treatment.

Getting patients to rely less on corrective bolusing and be more proactive is easier said than done.

Many ask, "Why check my blood sugar if I am not going to do anything with the reading?" The answer is that blood sugar readings are useful to guide changes in future treatment. For example, if the blood sugar is consistently high before lunch, it is appropriate to increase the insulin dose before breakfast the next day instead of adding more insulin to the current pre lunch dose. I also point out that corrective bolusing is not absolutely necessary. It only speeds up recovery from a high blood sugar but at the risk of causing a low blood sugar. Finally, I point out that the events that caused the high blood sugar are in the past and can't be fixed and that corrective doses make an already complex situation even more difficult to figure out.

Up to this point, there is a problem with my argument; it creates the impression that unstable blood sugars can always be fixed by skillful adjustment of basal and premeal insulin doses. Unfortunately, despite our best efforts, some patients continue to have large, unpredictable changes in blood glucose levels. In this situation, cautiously using corrective insulin boluses to get back on track makes sense.

In summary, a relatively small number of patients have most of the episodes of hypoglycemia. Thinking about stability of blood sugars is not common clinical practice, but I think it is useful to help identify patients who need special attention. Several factors including overreliance on correction of abnormal blood sugars, omitting or reducing insulin doses, hypoglycemia unawareness, counter regulatory failure, insulin sensitivity, and the dawn phenomenon, contribute to unstable blood sugars.

I advocate a proactive approach to diabetes treatment, anticipating events that change blood glucose level and using physiologic insulin dosing to minimize their impact. In my opinion, corrective insulin doses should be used with great caution. They should be stopped in patients who are chasing their tails and reintroduced only when basal and premeal insulin doses are optimal and blood sugar is stable.

My next Kentucky Diabetes Connection article will be my last.

I have tried to keep my writing clinical and practical and have approached it from the perspective of a diabetes practitioner. July 1st will be the fifth anniversary of my retirement. Although I read about diabetes frequently, it is not the same as treating diabetes in the trenches every day. After five years away from patient care, it is too much of a stretch to call myself an active clinician.

The Kentucky Diabetes Connection offers a unique opportunity to write and read about how to make it through the day as a diabetes care practitioner. I encourage all of you to continue this tradition.

Dr. Pohl, left, demonstrating his many talents at his retirement reception held a few years ago at the Lansdowne Club in Lexington, KY.

THE TRI-COUNTY DIABETES PARTNERSHIP

WORKING TO IMPROVE DIABETES OUTCOMES

Submitted by: Deirdra Robinson, Project Manager, Tri-County Diabetes Partnership, d.robinson@moreheadstate.edu and Gilbert Friedell, Project Advisor, Friedell Committee for Health System Transformation gilfriedell@insightbb.com

Kentucky Appalachian counties have some of the highest rates of diabetes in Kentucky, as well as of obesity and overweight, both contributing factors to the development of Type 2 diabetes. The prevalence of diabetes in Magoffin, Johnson and Floyd Counties is 14%, 14%, and 10% respectively compared to the state range of 7.8% - 8.8% (KentuckyHealthFacts.org, 2012). Along with overweight and obesity a number of individuals with Type 2 diabetes also have high blood pressure and/or high cholesterol values, as well as a family history of diabetes.

In 2007, the Friedell Committee for Health System Transformation began to focus on "Diabetes as a Model for Chronic Disease" as one of its particular areas of interest. Therefore, the Committee decided to look at how all aspects of Type 2 diabetes were being handled in three contiguous eastern Kentucky counties - Floyd, Magoffin and Johnson Counties.

In July, 2008, Friedell Committee representatives met at the Floyd County Health Department with some 25 health professionals and community representatives from the area to discuss the system of diabetes care in the area. Regrettably, the individuals said, there was no coordinated, comprehensive system to address diabetes in the area, but they agreed that working together could be a start in this direction. The local group included representatives of the three county health departments, the four hospitals, the three county extension services, the large community health center (with a long history of exemplary diabetes care), and the large community and technical college. In the next seven months, the representatives had a few meetings to consider diabetes issues in each of the three counties, but there was no formal structure or organization, and no specific tasks were undertaken.

In March, 2009, with a small amount of funding from the Department for Public Health and some assistance from the Friedell Committee, the group named itself the Tri-County Diabetes Partnership (TCDP), and began holding monthly meetings, generally at the Diabetes Center of Excellence in the Floyd County Health Department. During the first year, the meetings were focused on information sharing, networking, and building the capacity needed to assess the continuum of diabetes prevention and care in the three counties. A part-time project coordinator from the area was hired. In addition, three part-time community encouragers, modeled after such individuals working in community initiated decision making programs, were hired to facilitate and organize the work in each county.

One of the first priorities of the Partnership was to improve diabetes-related communication between counties. An email listserv was created and proved to be invaluable in facilitating communication, promoting shared resources, organizing multiple county events, and creating a sense of ownership for the TCDP partners. It became the catalyst for sharing ideas and brainstorming about the next steps of the Partnership without having to have frequent formal meetings.

The initial phase of the TCDP project involved working with programs and organizations already conducting awareness campaigns and health-related events in the region. Duplication was avoided. Drawing upon the experience and knowledge of public health directors, diabetes educators, and other key stakeholders, the TCDP began working toward the goal of having the community take responsibility for ensuring that quality systems of diabetes prevention and care were accessible to its citizens and utilized. **To accomplish this goal, TCDP formulated a vision, mission, and a set of goals**:

Vision:

To steadily decrease incidence, morbidity, and mortality of diabetes in Magoffin, Johnson, and Floyd counties over the next 10 years.

Mission:

To have: effective educational and screening programs for identification and prevention of pre-diabetes and diabetes, high quality management and health maintenance programs for all diabetes patients, and transparency of all aspects of diabetes care.

Goals:

1. Institute A1c screening for pre-diabetes and diabetes ***in appropriate populations***
2. Connect newly diagnosed cases with high quality pre-diabetes or diabetes management and health maintenance programs
3. Achieve 100% utilization of patient management resources in the community (or outside if necessary) as prescribed by the programs
4. Significantly reduce emergency room visits
5. Significantly reduce in-patient hospitalizations and readmissions
6. Reduce rate of complications above baseline
7. Increase community availability of physical activity resources and their utilization
8. Promote dietary / nutritional counseling, access, availability, and utilization
9. Increase availability and accessibility of nutritious foods
10. Empower community support for individual behavior change (faith communities, schools, and other community resources)

THE TRI-COUNTY DIABETES PARTNERSHIP (CONTINUED)

Tri-County Diabetes Coalition members (some members not present for photo) include left to right front row: Melissa Slone, UK Center for Excellence in Rural Health, Gil Friedell, Friedell Committee on Health System Transformation, Melissa Vance, Highlands Regional Medical Center, Bonnie Hale, Floyd County Diabetes Coalition, Jeannie Burchett, MSW Social Work Practicum Student, Annice Welch, Floyd County Health Department, John Rosenberg, Floyd County Diabetes Coalition, Cheryl Younce, Floyd County Health Department, back row, Thursa Sloan, Floyd County Health Department, Terry Booher, Highlands Regional Medical Center, Deirdra Robinson, Tri-County Diabetes Partnership Coordinator, Sheri Blair, Paul B Hall Regional Medical Center, Lora Hamilton, Floyd County Health Department, Brooke Jenkins-Howard, Magoffin County Extension, Betty Pack, McDowell ARH, June Montgomery, Magoffin County Health Department and Carol Stapleton, Johnson County Health Department

The Development of the TCDP Toolkit

Meetings and informal conversations in each of the counties about diabetes often led to a discussion of what "ought" to be available for patients or expected from the health systems in the Tri-county area. From these meetings came the realization that information was needed from ***the patient's standpoint*** about what was working well ***for them*** in diabetes care, and specific issues where targeted interventions, education, or policy changes could improve the system. TCDP therefore developed county-specific health system surveys to get this information. These surveys were distributed during community diabetes-focused events, coalition meetings, or at other county-based activities. Some 1500 people in the three counties responded.

After analyzing the data from each county's surveys, the TCDP developed a Toolkit with a self-administered survey to help individual patients determine if they were adhering to "best practices" in their management program. The Toolkit also contains an introduction to the topic, instructions for taking the survey, and suggestions about its use as an aid in patient education. It also reflects patients' utilization of community resources. The survey is given to the patient in a different setting than the office of the primary provider by a nurse, diabetes educator, or other individual knowledgeable about diabetes management, e.g., in a support group. On completion of the survey, that individual answers any questions from the patient evoked by the survey.

There have been four iterations of the survey. In its latest version, the survey has gotten shorter, the questions have become more focused, and a scoring system—based on best practices—gives the patient a self-evaluation of their adherence to their management program. In addition, we are developing an internet version of the survey with educational "pop ups" to provide information about the questions if the viewer wishes to take advantage of this learning approach.

Because the highest incidence of diabetes—26.7% according to the January, 2011 CDC report--is in people over age 65, and the incidence of pre-diabetes is estimated by CDC to be 50%, the TCDP has initiated an A1c screening program in this population. Identified cases of diabetes are referred to appropriate health professionals and diabetes management programs covered by Medicare. Regrettably, although progression to diabetes from pre-diabetes can be prevented by modest weight loss and daily exercise, this preventive program is not covered by Medicare. Instead, Medicare offers two screening tests per year, with coverage of diabetes care if and when it is detected.

We believe, with many others, that it would certainly be better for the patient and more cost-effective to prevent this progression. Consequently, CDC and selected YMCAs in urban areas are starting programs to do this, for example, in Louisville and Lexington. With the help of the Lexington YMCA and support from Novo Nordisk, the TCDP is planning to start such a program as a pilot in a rural, non-YMCA site.

We would be very glad to provide more information about the TCDP and our diabetes programs, and would be pleased to provide details to anyone interested in using the Toolkit.

NEW *DIABETES MEDICATION UPDATE* COLUMN TO BECOME A REGULAR NEWSLETTER FEATURE

EDITORS' NOTE: Thanks to the efforts of Holly Divine, PharmD and Sarah M. Lawrence, PharmD, the Kentucky Diabetes Connection will begin having a quarterly Diabetes Medication Update featuring information about new medications for diabetes.

Sarah M. Lawrence PharmD, MA

New GLP-1 Agonist: Bydureon (Amylin Pharmaceuticals)

The latest addition to the family of injectable GLP-1 agonists is Bydureon, which is a once weekly formulation of exenatide. Bydureon joins Victoza (once daily liraglutide) and Byetta (twice daily exenatide) and is another treatment option for patients with Type 2 diabetes.

Mechanism of Action

Like other GLP-1 agonists, Bydureon:

- Increases insulin secretion in response to meals
- Decreases inappropriate glucagon secretion
- Facilitates beta cell growth
- Slows gastric emptying and decreases food intake

The A1C lowering potential of Bydureon is said to be 1.5 to 1.9%. This is higher than other GLP-1 agonists, which are estimated to lower A1C 0.5 to 1%.

Indications

Bydureon may be appropriate for patients in need of weight loss and control of post-prandial glucose. It may also appeal to patients who wish to avoid daily injections. Because Bydureon increases insulin secretion, it should be used in patients who have preserved beta cell function.

Both the American Diabetes Association (ADA) and the American Academy of Clinical Endocrinologists (AACE) consider GLP-1 agonists to be potential adjuncts to metformin in patients with Type 2 diabetes.

Administration

Bydureon is administered in the form of a 2 mg weekly subcutaneous injection. The side effect profile (nausea, weight loss and rarely, pancreatitis) is similar to that of Byetta and Victoza.

Converting Patients

When converting patients from daily exenatide to Bydureon, the weekly dose should be administered the day after the daily dose is discontinued. Warn patients that they may experience higher than normal blood glucose levels for approximately two weeks after conversion.

Precautions

- In laboratory studies, Bydureon caused rats to develop tumors of the thyroid gland and some of them were cancerous. Until more is known about this, Bydureon should not be used in patients with family history of thyroid cancer.
- Because Bydureon delays gastric emptying, it is not recommended for use in patients with gastroparesis or severe gastrointestinal disease.
- Like Byetta, Bydureon is not recommended for use in patients with creatinine clearance of less than 30 mL/minute or those with End Stage Renal Disease (ESRD).

Bydureon Single Dose Trays Shown Above

More Information

For more information about Bydureon, please visit: http://www.bydureonhcp.com/

ABOUT THE AUTHOR: Sarah M. Lawrence is a community pharmacy resident at Medica Pharmacy and Wellness Center in Bardstown, Kentucky. She is also a Clinical Assistant Professor at Sullivan University College of Pharmacy.

Grant Awarded to Lawrence County Community Diabetes Health Advisory Team

Submitted by: Carolyn McGinn, MS, RD, LD, Lawrence County Health Department, Louisa, KY

The ***Together on Diabetes Grant*** has been awarded to the Lawrence County Community Diabetes / Health Advisory Team. This grant is a partnership supported by the Appalachian Regional Commission, the Centers for Disease Control and Prevention, and the Bristol-Myers Squibb Foundation, with the collaboration of the thirteen Appalachian states. The Center for Rural Health at Marshall University is the manager for this grant. A total of five diabetes coalitions were the recipients of this grant and in early fall of 2012 another round of funding will be available for five more coalitions.

"This ***Culture of Health*** grant will provide $40,000 a year for four years and will focus on our youth and adults for both diabetes prevention and improved self-management control for those who have diabetes," said Faith Frazier, Director of the Lawrence County Health Department. The two lead agencies for the ***Culture of Health*** grant are the Lawrence County Health Department and the Lawrence County Cooperative Extension. Other members of the Lawrence County Diabetes Team include: Three Rivers Medical Center, Lawrence County Board of Education, Pathways Mental Health, Kentucky Homeplace, Kentucky Cancer Program, WZAQ FM Radio Station, Riverview Family Practice, KY Heart and Vascular Physicians, Yatesville Lake State Park, and other interested individuals.

"Award of this grant is a unique opportunity to increase our Team's capacity to weave within our community a powerful force for change that will result in improved outcomes for people with diabetes," said Frazier. Planned activities for this grant will address: increasing diabetes self-management programs, environmental and policy changes that affect nutrition and physical activity, and cultivating the connection between the community and primary health care providers. "We are very excited about the potential impact of our collaborative efforts and are truly honored that our Team is a selected recipient of this grant," said Frazier.

The Kentucky Diabetes Prevention and Control Program (KDPCP) also provides assistance for this grant and is available for technical support. KDPCP is a population-based, public health initiative consisting of a network of state, regional and local health professionals whose mission is to reduce new cases of diabetes as well as the sickness, disability and death associated with diabetes and its complications.

In January, five members of the Lawrence County Community Diabetes Health Advisory Team will attend the *Diabetes Today Training* in Huntington, WV. Once the training is completed, the Team will begin the grant initiatives to mobilize the community to create changes in health and cultivate a ***Culture of Health***.

CONGRATULATIONS!

Pictured from right to left: Greg Kiser,CEO Three Rivers Medical Center (TRMC), Mike Armstrong, Superintendent Lawrence County School District, Cathy Heston, Chief Nursing Officer TRMC, Stephanie Derifield, Family Consumer Science Agent Lawrence County Extension Service, Karen Ferrell, School Food Service Director, Andrea Burchett, Dietitian TRMC, Faith Frazier, Director Lawrence County Health Department (LCHD), Pat Machir, Senior Community Health Worker LCHD, Angela Myhrwold, Public Relations Officer TRMC, Rose Kingston, Dietitian TRMC, Carolyn McGinn, Nutritionist LCHD, and Rebecca Simpson, Cancer Control Specialist, Kentucky Cancer Program.

University of Louisville Involved in TrialNet Prevention of Type 1 Diabetes Study

Kupper A. Wintergerst, MD

Amy Deuser

Gwen Pierce, RN, CCRC

Submitted by: Kupper A. Wintergerst, MD, Assistant Professor, Pediatric Endocrinology & Diabetes, TrialNet Director, Gwen Pierce, RN, CCRC , Research Nurse Coordinator, and Amy Deuser, Program Coordinator, TrialNet Studies, University of Louisville, Louisville, KY

University of Louisville Pediatric Endocrinology Teams Up with National Affiliates to Search for the Pathway to the Prevention of Type 1 Diabetes

The University of Louisville Pediatric Endocrinology division has been chosen as a research partner to join TrialNet, a network of clinical research centers all sharing the common goal of fighting type 1 diabetes. TrialNet consists of research centers in North America as well as in Europe and Australia which focus on predicting, delaying, or preventing type 1 diabetes in individuals who may be at increased risk. The effort is funded by several national organizations, including the National Institutes of Health (NIH), the Juvenile Diabetes Research Foundation (JDRF), and the American Diabetes Association (ADA). Kupper A. Wintergerst, MD, Director of the TrialNet studies at the University of Louisville, is excited about the opportunities the TrialNet studies are bringing to the families of those with type 1 diabetes.

The core of the TrialNet research effort, the Natural History Study, identifies those at high risk for developing type 1 diabetes by screening relatives of individuals with the disease. A relative of someone with type 1 diabetes has about a 1 in 25 chance of developing the disease compared to about a 1 in 250 chance with no family history. With type 1 diabetes, the autoantibodies which attack the beta cells can be found in the bloodstream as early as 10 years before onset. By identifying those who are at a higher risk for developing type 1 diabetes, individuals can be monitored closely for disease progression and may have the opportunity to participate in further TrialNet studies to delay or prevent the disease.

The global goal of TrialNet is to screen 200,000 high-risk individuals as part of the Natural History Study. To qualify, an individual must be between 12 months and 45 years of age with a first-degree relative (parent, child or sibling) with type 1 diabetes or from 12 months to 20 years of age with a second-, or third-degree relative, living or deceased, diagnosed with type 1 diabetes. There is no cost to individuals to participate.

Blood draw screening is performed at the University of Louisville TrialNet Clinical Research Office at 210 East Gray Street in downtown Louisville as well as at various local and statewide community events throughout the year. Children with negative test results may be screened annually until they reach 18 years of age. Those with positive autoantibody testing will be given the opportunity to participate in more advanced disease monitoring as well as the possibility to participate in one of the TrialNet diabetes prevention trials.

If you would like more information on the Natural History Study, please contact the University of Louisville TrialNet Clinical Research Office by phone 502-892-1193 or by email Trialnet@louisville.edu.

Type1 Diabetes TrialNet

UofL Pediatrics

Advocacy Update

American Diabetes Association. Advocacy Update

L. Hunter Limbaugh

Submitted by: L. Hunter Limbaugh, Chair of the Board, American Diabetes Association

On February 13th, the Department of Health and Human Services provided $10 million for the National Diabetes Prevention Program (NDPP) at the Centers for Disease Control. This is the first time the NDPP has received direct funding since its inception in 2010. This funding will help Americans at the highest risk for type 2 diabetes prevent or delay this devastating disease and its complications.

The NDPP is a network of community-based programs created to prevent or delay the onset of type 2 diabetes in people with pre-diabetes. It is a result of the landmark Diabetes Prevention Program clinical trial carried out by the National Institute of Diabetes and Digestive and Kidney Diseases, which saw success with over half of the participants preventing or delaying type 2 diabetes. With this important funding, community-based programs can continue to show the same promising results.

New FDA Advice on Statins

The FDA has released important new safety information on Statin cholesterol-lowering medications that address their impact on the liver, muscles, memory and diabetes. The FDA is advising consumers and health care professionals that:

- **Routine monitoring of liver enzymes in the blood, once considered standard procedure for statin users, is no longer needed. Such monitoring has not been found to be effective in predicting or preventing the rare occurrences of serious liver injury associated with statin use.**
- **Cognitive (brain-related) impairment, such as memory loss, forgetfulness and confusion, has been reported by some statin users.**
- **People being treated with statins may have an increased risk of raised blood sugar levels and the development of Type 2 diabetes.**
- **Some medications interact with lovastatin (brand names include Mevacor) and can increase the risk of muscle damage.**

Drug labels will be changing to reflect these new concerns.

The statins affected include: Altoprev (lovastatin extended-release), Crestor (rosuvastatin), Lescol (fluvastatin), Lipitor (atorvastatin), Livalo (pitavastatin), Mevacor (lovastatin), Pravachol (pravastatin), and Zocor (simvastatin). Products containing statins in combination with other drugs include: Advicor (lovastatin/niacin extended-release), Simcor (simvastatin/niacin extended-release) and Vytorin (simvastatin/ezetimibe).

Free Education Programs

To make ADA's educational opportunities more accessible to health professionals, the ADA staff has recently overhauled their website. Activities include live programs and free-of-charge webcasts, online interactive programs and printed materials.

Please visit: http://professional.diabetes.org/ce for a listing of current professional education programs. For questions regarding professional education, contact professionaleducation@diabetes.org.

JDRF is also hosting two spring walks to raise funds for a Cure for Diabetes

- **Saturday, June 9th JDRF Four Rivers Walk to Cure Diabetes, Noble Park, Paducah, KY**
- **Saturday, June 16th JDRF Big Sandy Walk to Cure Diabetes, Central Park, Ashland, KY**

Please join us! For more information, please go to www.jdrfkentucky.org or call (866) 485-9397.

National Diabetes Alert Day

Diabetes Risk Test: *Take it. Share it.*

Submitted by: Helen Overfield, Director, American Diabetes Association, Louisville, Kentucky (502)452-6072 ext 3317 hoverfield@diabetes.org

Last March, the American Diabetes Association encouraged Americans to *"Join the Million Challenge" and* more than 600,000 people took the Diabetes Risk Test. On March, 27, 2012, the Association will aim to top that number, inspiring people to take the all-new Diabetes Risk Test, as well as to share the test with **everyone** they care about - friends, family members and colleagues. With each person that takes the test and knows their risk, the Association is that much closer to stopping diabetes.

American Diabetes Association Alert Day®, which is held every fourth Tuesday in March, is a one-day, "wake-up call" asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

The new Diabetes Risk Test asks users to answer simple questions about weight, age, family history and other potential risks for prediabetes or type 2 diabetes. Preventative tips are provided for everyone who takes the test, including encouraging those at high risk to talk with their health care provider.

Diabetes by the Numbers

Diabetes is a serious disease that strikes nearly 26 million children and adults in the United States, and a quarter of them—7 million—do not even know they have it. An additional 79 million, or one in three American adults, have prediabetes, which puts them at high risk for developing type 2 diabetes. Recent estimates project that as many as one in three American adults will have diabetes in 2050 unless we take the steps to Stop Diabetes®.

Risk Factors for Type 2 Diabetes

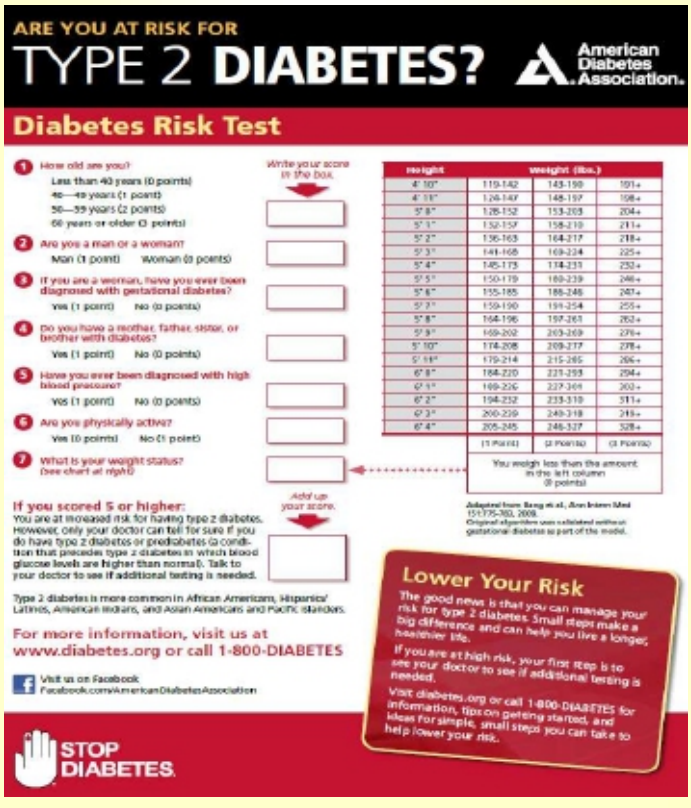
Everyone should be aware of the risk factors for type 2 diabetes. People who are overweight, under active (living a sedentary lifestyle) and over the age of 45 should consider themselves at risk for the disease. African Americans, Hispanics/Latinos, Native Americans, Asian Americans, Pacific Islanders and people who have a family history of the disease also are at an increased risk for type 2 diabetes.

Unfortunately, diagnosis often comes 7 to 10 years after the onset of the disease, after disabling and even deadly complications have had time to develop. Therefore, early diagnosis is critical to successful treatment and delaying or preventing some of its complications such as heart disease, blindness, kidney disease, stroke, amputation and death.

The American Diabetes Association has made a strong commitment to primary prevention of type 2 diabetes by increasing awareness of prediabetes and actively engaging individuals in preventative behaviors like weight loss, physical activity and healthful eating. Alert Day is a singular moment in time in which we can raise awareness and prompt action among the general public – particularly those at risk.

Studies have shown that type 2 diabetes can often be prevented or delayed by losing just 7% of body weight (such as 15 pounds if you weigh 200) through regular physical activity (30 minutes a day, five days a week) and healthy eating. By understanding the risk, a person can take the necessary steps to help prevent the onset of type 2 diabetes.

Be part of the movement to Stop Diabetes® — distribute the free Diabetes Risk Tests (English or Spanish). Call 1-800-DIABETES (1-800-342-2383). Although Alert Day is a one-day event, the Diabetes Risk Test is available year-round.



Floyd County Diabetes Coalition Targets Type 2 Diabetes Prevention in Children with New Exhibits

Submitted by: Bonnie Hale, Floyd County Diabetes Coalition Coordinator, Prestonsburg, KY

Two years ago, the Floyd County Diabetes Coalition, concerned about the prevalence of obesity and diabetes among children in Floyd County and the Big Sandy Region, chose "diabetes education and prevention targeting children" as a priority. The Coalition approached the East Kentucky Science Center to explore potential exhibit ideas encouraging nutrition and physical activity which could relate to preventing type 2 diabetes in children.

Two exhibits, "***Everybody Eats"*** and "***Let's Get Active"*** *are now* available! These hands-on exhibits are interactive and target children ages K-5. However, pre-teens and teens are also enjoying the interactive physical activity exhibits. Coalition members are actively promoting the exhibits for families, schools and churches to have fun while learning about the benefits of good nutrition and physical activity as tools to combat obesity and type 2 diabetes.

Note: The Coalition raised funds for this project through two annual ***Jenny Wiley Festival Dr. Rondal Leslie 5K Run/Walks*** *with active participation from McDonalds, Pro-Fitness, and donations by the Leslie family.*

Diabetes Coalition members explore the new interactive exhibits on display at the East Kentucky Science Center. Pictured left to right: Lora Hamilton, Coordinator of Floyd County Diabetes Center of Excellence, Nan Arnett, Program Specialist of Floyd County Diabetes Center of Excellence, and Karen Howard, Coalition member.

Floyd County Diabetes Coalition members visit the opening of two exhibits targeting diabetes prevention through healthy lifestyles. Pictured left to right: Bonnie Hale, Coalition Chair, Lora Hamilton, Coordinator, Floyd County Diabetes Center of Excellence, Kim Castle, RN, St Joseph Martin, Nan Arnett, Floyd County Diabetes Center of Excellence, Karen Howard, Mountain Comprehensive Care, and Bill Branham, community diabetes advocate.

Floyd County Diabetes Coalition presented a check for $2000 to East Kentucky Science Center, at the Big Sandy Community and Technical College, Thursday, January 26th for the new spring exhibits, "Everybody Eats" and "Let's Get Active". Pictured left to right: Tom Viehiller, previous Director of East Kentucky Science Center, Steve Russo, current Director of East Kentucky Science Center, Bonnie Hale and Nan Arnett, members of Floyd County Diabetes Coalition, Russell Briggs, Director of Johnson County Health Department.

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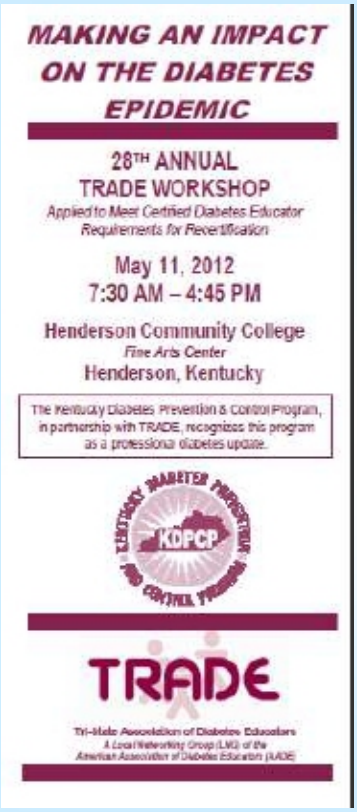
- Save $100 on Full Program Registration - Register and book your housing through AADE.
- Save $35 More - Join AADE or renew when your membership when you register for AADE12!

Go to: http://www.diabeteseducator.org/annualmeeting/2012/index.html



2012 TRADE WORKSHOP

MAY 11, 2012

FOR BROCHURE:

CONTACT NANCY WALKER

nancy.walker@grdhd.org

270.686.7747
Extension 3019

EDUCATIONAL OFFERINGS

American Association of Diabetes Educators

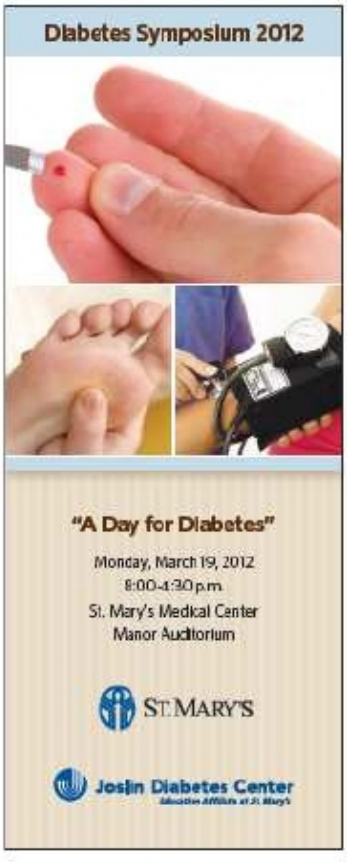
New Free CE Opportunities For AADE Members

The new free recorded webinars are:

- Agents of Change: Systems and Strategies to Address Family, Social, and Developmental Needs in the Type 1 Pediatric Population
- Concepts and Controversies in Type 2 Diabetes: Experts Review the Evidence
- Insulin Therapy, Patient Education, and Treatment Individualization: The Next Generation
- New Pathways to Type 2 Diabetes Control: Focus on the Kidney
- What Diabetes Educators Need to Know About the Real-World Application of GLP-1 Receptor Agonists in Type 2 DM **AND MORE!**

View the free recorded webinars (for members only):
https://www.diabeteseducator.org/ProfessionalResources/products/webcasts.html

View the free print supplements (for members only):
https://www.diabeteseducator.org/ProfessionalResources/products/view.html?target=40&sub1=SUPPLEMENT&sub2=Print



ST. MARY'S AND JOSLIN DIABETES CENTER

DIABETES SYMPOSIUM

EVANSVILLE, IN

MARCH 19, 2012

FOR BROCHURE CONTACT:

JOSLIN DIABETES CENTER AT 812.485.1814

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to http://kadenet.org/ or contact:
Dee Deakins deeski@insightbb.com or
Diane Ballard dianeballard@windstream.net

Details: go to http://kadenet.org/

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at **www.kentuckydiabetes.net** or by calling 502-564-7996 (ask for diabetes program).

2012 Meeting Dates (10 am – 3pm EST)

June 15, 2012 ***Central Baptist Hospital, Lexington, KY***
September 14, 2012 ***Shelby Campus, Louisville, KY***
December 7, 2012 ***History Center, Frankfort, KY***

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Pam Doyle at **pdoyle5@its.jnj.com** or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour —*Fee for attendees who are not members of National AADE*

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 **Vpaddy@hmh.net** .

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TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/ Southeastern IL **meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education**. To register, call (270) 686-7747 ext. 3019 or email Nancy Walker at **nancy.walker@grdhd.org**.

TRADE 2012 Workshop
May 11, 2012
Henderson Community College Fine Arts Center
2660 Green Street
Henderson, KY 42420

Regular Programs

Date: **Thursday, July 19, 2012**
Location: **Madisonville Trover Clinic**
Madisonville, KY

Date: **Thursday, October 18, 2012**
Location: **Deaconess Gateway Hospital**
Newburgh, IN

www.betterdiabetescare.nih.gov/

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email **joslin@FMHHS.com**

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Keoka Caulder 859-367-7333
Ddean@ymcaofcentralkentucky.org or kcaulder@ymcaofcentralky.org

Contact Information

American Diabetes Association.
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TRADE
Tri-State Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass / Eastern Chapter
A Chapter of AADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.kadenet.org

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
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AACE American Association of Clinical Endocrinologists
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NOTE: Editor reserves the right to edit for space, clarity, and accuracy.